

Utah Office of Museum Services
GRANT APPLICATION FY 2005-2006
 Use this application for all 3 grants

I am Applying for: **Stabilization Grant** ☐ **Enhancement Grant** ☐ **Development Grant** ☐

- Read grant guidelines carefully before filling out the application. Incomplete forms may invalidate your application.
- Make a copy of the application for your files.
- Answer all questions in the space provided on the form. Do not extend to supplemental pages unless specified.
- Double-check your addition to make sure it is correct.
- Send completed application to:

Utah Office of Museum Services
300 Rio Grande Street
Salt Lake City, UT 84101
(801) 533-3589/3592 – Fax 533-3588

Applicant/Organization _____

Mailing Address _____

City _____ Zip _____ (+4) _____ (zip + 4 required)

Contact Person _____ Daytime Phone _____

Alternate Contact _____ Daytime Phone _____

Federal Employee Identification Number ____ -- _____ Date of Incorporation _____

State Legislative House of Representative District # _____ State Legislative Senate District # _____

Do you have a Non-Profit Status? _____ Yes _____ No (If yes and first time applying, please submit "Letter of Determination")

Project Title or Brief Description _____

Grant Beginning Date (Project cannot begin prior to July 1, 2005) _____

Grant Completion Date (Project must be completed by June 30, 2006) _____

Grant Amount Requested: \$

TOTAL MUSEUM FISCAL ACTIVITY
 (If you are part of a larger organization, list
 Financial Information on Museum only)

MOST RECENTLY COMPLETED FISCAL YEAR
 _____ to _____

ESTIMATED CURRENT FISCAL YEAR
 _____ to _____

Operating Income \$ _____ \$ _____

Operating Expenses \$ _____ \$ _____

Governing control of Museum (*Circle one of the following*)

1. Federal 2. State 3. Municipal 4. County 5. Private Nonprofit

_____ Year the museum was first open and exhibiting objects to the general public

_____ Total number of hours the museum was open to the public for the 12-month period prior to application

_____ Number of *full-time paid* museum staff

_____ Number of *part-time paid* museum staff

_____ Number of *full-time unpaid* museum staff

_____ Number of *part-time unpaid* museum staff

GRANT APPLICATION

1. Describe the need for the project (To attend a conference/workshop, go to question 6):

2. Describe the project or component of project for which the Utah Office of Museum Services support is requested:

(Please be very specific):

- A. What is the project?

- B. What do you plan to do?

- C. How?

- D. When?

3. Describe the audience who will benefit from the project (*i.e., ethnic, students, adults, etc.*):

4. Describe specific community involvement and collaborative partners (*identify communities, volunteers, schools, etc. who will be involved in any way in carrying out your project.*):

5. Describe the long-term benefits this project will have to your museum:

6. Answer the following questions for attendance at conference/workshop:

A. Title and location of conference, workshop or seminar: _____

B. Dates applicant will be attending: _____

C. Name/Position of staff attending: _____

D. Has individual previously attended this conference/workshop: Yes _____ No _____ If Yes, When? _____

E. Value of training for individual: _____

F. Value of training for museum: _____

BUDGET: EXPENSES

NOTE: Indicate in right-hand column what expense OMS grant will cover.

Applicant Funds

OMS Grant

Personnel (*Payment for employee's salary/wages*)

		x Hours	x Rate		
Administrative	No. of Positions _____	_____	_____	\$ _____	\$ _____
Curatorial	No. of Positions _____	_____	_____	\$ _____	\$ _____
Technical/Clerical	No. of Positions _____	_____	_____	\$ _____	\$ _____
Other	No. of Positions _____	_____	_____	\$ _____	\$ _____

List specific information under each category

Consultant Fees\$ _____ \$ _____

Rentals\$ _____ \$ _____

Publicity and Promotion\$ _____ \$ _____

Phone/Postage\$ _____ \$ _____

Supplies\$ _____ \$ _____

(list supplies) _____

Insurance\$ _____ \$ _____

Other\$ _____ \$ _____

(list other) _____

In-Kind contributions (*Services and materials donated to this project. Volunteer time is calculated at \$8.00 per hour, unless the volunteer is donating services which he/she provides as part of his/her profession in which case time is calculated at that person's professional rate.*)

Donated Services/Materials Contributed:	Hours	x Rate	= Dollar Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total In-Kind Contributions Dollar Value\$ _____

TOTAL EXPENSES EACH COLUMN\$ _____ \$ _____

TOTAL ALL PROJECT EXPENSES (total of both columns) \$ _____

NOTE: Total Project Expenses Page 4 MUST Equal Total Project Income Page 5)

For OMS use only

Checklist:

_____ Meets OMS definition of "Museum"
 _____ Non profit or government entity
 _____ Open 1000 hours per annum
 _____ Has one full-time paid or unpaid staff member
 or the equivalent

_____ Has been incorporated for at least one year
 _____ Application is complete
 _____ Applicable attachments included
 _____ Budget balances (Expenses/Income)

BUDGET: INCOME

Revenue *(earned income committed to project)*

Admissions.....\$ _____
Memberships.....\$ _____
Gift Shop Income.....\$ _____
Applicant Cash\$ _____
Other (Specify)\$ _____

Support *(unearned income committed to project; please identify source)*

Corporate Support.....\$ _____
Foundation Support.....\$ _____
Government Support.....\$ _____
 Federal.....\$ _____
 State\$ _____
 Local\$ _____

In-Kind Contributions *(Services and materials donated to this project. Volunteer time is calculated at \$8.00 per hour unless the volunteer is donating services which he/she provides as part of his/her profession in which case time is calculated at that person's professional rate) In-kind contributions must be included in project as an expense. If more space is needed, enclose page with itemized list.)*

Donated Services/Materials Contributed:	Hours	x	Rate	= Dollar Value
_____	_____	\$	_____	\$ _____
_____	_____	\$	_____	\$ _____
_____	_____	\$	_____	\$ _____

Total In-Kind Contributions\$ _____

Other Private Support\$ _____

Identify Source _____

TOTAL INCOME.....\$ _____

GRANT AMOUNT REQUESTED FROM OMS.....\$ _____

TOTAL PROJECT INCOME.....\$ _____

NOTE: Total Project Income Page 5 *MUST* Equal Total Project Expenses Page 4)

Authorized Signature(s)

Administrative Officer _____
Signature _____ Date _____
Fiscal Officer *(if different from Administrative Officer)* _____
Signature _____ Date _____